INSTRUCTIONS FOR COMPLETING THE CALIFORNIA
LICENSED MIDWIFE ANNUAL REPORT

Pursuant to Business and Professions Code section 2516, all California licensed midwives must report specific information related to birthing services provided when the client's intended place of birth at the onset of care is an out-of-hospital setting. The California Licensed Midwife Annual Report (MBC-CLMAR) form has been developed to allow for such reporting. Please consult these instructions while completing the form to ensure that the proper information is reported.

This form is to be submitted to the Office of Statewide Health Planning and Development (OSHPD) <u>not</u> the Medical Board of California (Board). The OSHPD will report the data collected, in aggregate form, to the Board each year. Your identity will remain confidential. Only the identity of those licensed midwives who fail to file a report with the OSHPD will be reported to the Board for purposes of restricting license renewal until a report is received. For questions concerning this report, you may contact OSHPD at (916) 326-3935 or the Board at (916) 263-2393.

Mail report to: Office of Statewide Health Planning and Development
Patient Data Section
Licensed Midwife Annual Report
400 R Street, Suite 270
Sacramento, CA 95811-6213

Throughout this report there are categories for "unknown," "information not obtainable," and "other." If you use these options, we encourage you to explain the reasons on the optional page that follows the reporting form. Remember, your identity will not be linked to this information. Rather, it will be used to highlight issues that may need the attention of the Midwifery Advisory Council and/or the Medical Board of California or to assist in further improvement of the form.

DEFINITIONS: (The following definitions govern only the responses provided in this report)

Collaborative Care – Midwife receives advice or client receives additional medical care or advice regarding the pregnancy from a licensed physician or surgeon. (The midwife remains the primary caregiver.)

Fetal Demise – The death of a fetus at 20 weeks or more of gestation or a weight of 500 grams or more.

Healthcare Practitioner – An individual practitioner (of midwifery or medicine) or a medical facility.

Information not Obtainable – An attempt was made to acquire the information, either from the client or the transfer facility, but it was not provided or received.

Intrapartum – Midwife has begun to monitor/attend woman in labor, regardless of cervical dilation or contraction pattern.

Non-medical Reason – Client preference, relocation, insurance issues, other inability to pay, lost to care/unknown.

Other – No other option applied.

Postpartum – After infant has been born.

Primary Caregiver – Licensed midwife contracted by client to provide primary care midwifery services during her pregnancy and/or out-of-hospital delivery.

For services provided in a group practice, one licensed midwife must be designated as the primary caregiver for each client for reporting purposes. The practice may determine which midwife will report on a client as the primary caregiver in a variety of ways: for example, the primary caregiver is the licensed midwife who a) meets the client first, b) does the client intake, c) provides a majority of the services, d) delivers the infant, etc.

Supervision – Midwife is supervised by a licensed physician or surgeon who will go on record as being the midwife's supervisor for a particular case.

Transfer of Care – The receiving health care practitioner becomes the primary caregiver.

Unknown – Not known.

Section A – LICENSEE DATA

You must provide your name and your California Licensed Midwife license number. All other information in this section is voluntary; however, it will assist the OSHPD in contacting you if questions arise relating to your report.

Section B – REPORTING PERIOD

Indicate the calendar year for which this report pertains. In this report, include outcomes for *all births* occurring in the reporting year, even if the outcome event occurred the next reporting year.

Section C – SERVICES PROVIDED

Line 12 – **If the answer is "No,"** because no qualifying services were performed during the year, skip all further questions and go to the last page. Sign, date, and mail the form to OSHPD. **You must submit a report, even if no qualifying services were performed during the reporting year.** Pursuant to Business and Professions Code section 2516(d), failure to submit this report to the OSHPD will delay the renewal of your midwife license until receipt of the report.

If the answer is "Yes," proceed to the next section. The entire report must be completed and submitted in order to satisfy the reporting requirements.

Section D – CLIENT SERVICES

Line 13 – Enter the total number of clients (include any client, regardless of year initially booked) you provided midwifery services to in this reporting year, as the primary caregiver *whose intended place of birth **at the onset of care*** was an out-of-hospital setting. This includes clients who may have left your care at some point for a non-medical reason and clients for whom collaborative care or supervision occurred.

Line 14 – Enter the total number of clients (include any client, regardless of year initially booked) who left care for non-medical reasons rather than being transferred to another healthcare practitioner. DO NOT include these clients in any further categories on this report. If there were none, enter zero (0).

Line 15 – Enter the total number of clients (regardless of year initially booked) who were pending on the last day of this reporting year (i.e. those who have yet to give birth).

Line 16 – Enter the total number of clients you served (regardless of year initially booked) *when the intended place of birth **at the onset of care*** was an out-of-hospital setting and who also received collaborative care.

Line 17 – Enter the total number of clients you served (regardless of year initially booked) under the supervision of a licensed physician and surgeon *when the intended place of birth at the **onset of care*** was an out-of-hospital setting.

Section E – OUTCOMES PER COUNTY

Include all births that occurred during this reporting year, regardless of year client was initially booked. Use one line for each county where a birth you attended as primary caregiver occurred. Use additional paper if necessary.

Lines 18(a-g) – In **Column A**, enter each county (using the county codes listed below) where you attended a birth as the primary caregiver.
– In **Column B**, enter the actual number of live births attended as primary caregiver in that county.
– In **Column C**, enter the number of births attended in each county as primary caregiver where the fetus died.

County Codes:

1	Alameda	21	Marin	41	San Mateo
2	Alpine	22	Mariposa	42	Santa Barbara
3	Amador	23	Mendocino	43	Santa Clara
4	Butte	24	Merced	44	Santa Cruz
5	Calaveras	25	Modoc	45	Shasta
6	Colusa	26	Mono	46	Sierra
7	Contra Costa	27	Monterey	47	Siskiyou
8	Del Norte	28	Napa	48	Solano
9	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humboldt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tuolumne
15	Kern	35	San Benito	55	Tulare
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin	59	Out-of-state
20	Madera	40	San Luis Obispo		

Section F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Include all births that occurred during this reporting year, regardless of year client was initially booked. (It is understood that for this section each birth experience or infant born may be included on one or more lines.)

Line 19 – In Column A, enter the total number of out-of-hospital births you planned on attending as the primary caregiver ***at the onset of labor.***

Line 20 – Out of the total number of out-of-hospital births you planned on attending as the primary caregiver ***at the onset of labor*** (as indicated in line 19), enter, in Column A the number of those births that actually did occur in an out-of-hospital setting.

Lines 21 and 22 – Enter the number of planned births you attended (in an out-of-hospital setting) as the primary caregiver that involved twins or higher order multiple births. Include the number of actual infants delivered out-of-hospital in Column A.

Lines 23 and 24 – In Column A, enter the number of planned births you attended (in an out-of-hospital setting) as the primary caregiver that were breech births and/or vaginal births after prior caesarian section (VBAC). For these lines count each infant delivered.

FOR THE REMAINING SECTIONS
CHOOSE <u>ONE</u> CATEGORY THAT BEST FITS EACH CLIENT TRANSFER

Section G – ANTEPARTUM TRANSFER OF CARE, ELECTIVE

Lines 25- 43 – For each reason listed, enter the number of clients who, during the antepartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Section H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 44-53 – For each reason listed, enter the number of clients who, during the antepartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

Section I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE

Lines 54-66 – For each reason listed, enter the number of clients who, during the intrapartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Section J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 67-74 – For each reason listed, enter the number of clients who, during the intrapartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

Section K – POSTPARTUM TRANSFER OF CARE, ELECTIVE

Lines 75-83 – For each reason listed, enter the number of clients who, during the postpartum period, were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each client.

Section L – POSTPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Lines 84-92 – For each reason listed, enter the number of clients who, during the postpartum period, were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each client.

Section M – INFANT TRANSFER OF CARE, ELECTIVE

Lines 93-99 – For each reason listed, enter the number of infants who were voluntarily (no emergency existed) transferred to the care of another healthcare provider. Report only the primary reason for each infant.

Section N – INFANT TRANSFER OF CARE, URGENT/EMERGENCY

Lines 100-111 – For each reason listed, enter the number of infants who were transferred to the care of another healthcare provider due to an urgent or emergency situation. Report only the primary reason for each infant.

Section O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Lines 112-118 – For births occurring after the transfer of care of the mother or infant (from the licensed midwife to that of another healthcare provider) for urgent reasons in the antepartum period, or for any reason in the intrapartum or postpartum periods, indicate whether the birth was vaginal or caesarian by using Columns A or B for each outcome listed as it pertains to the mother.

Lines 119-127 – For births occurring after the transfer of care of the mother and infant (from the licensed midwife to that of another healthcare provider), indicate whether the birth was vaginal or caesarian by using Columns A or B for each outcome listed as it pertains to the infant.

Section P – COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY WITHIN SIX (6) WEEKS

Lines 128-134 – For each complication listed, in Column A, enter the total number of mothers who died during the pregnancy or within six (6) weeks after the end of a pregnancy as a result of that complication. Of the total entered in Column A, indicate in Columns B or C the numbers that were out-of-hospital births or transfers. Report only the primary complication for each client.

Lines 135-142 – For each complication listed, in Column A, enter the number of infants who were live born and subsequently died within six (6) weeks after birth as a result of that complication. Of the total entered, indicate in Columns B or C the numbers that were out-of-hospital births or transfers. Report only the primary complication for each client.

Mail report to: **Office of Statewide Health Planning and Development**
Patient Data Section
Licensed Midwife Annual Report
400 R Street, Suite 270
Sacramento, CA 95811-6213

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Completion/submission of this form by all licensed midwives in California is required pursuant to Business and Professions Code section 2516(c). Your midwife license will not be renewed unless and until the requisite data is submitted.

SECTION A – LICENSEE DATA

1a. First:	1b. Middle:	1c. Last:
2. License Number: ☐☐☐☐☐		
Numbers 3-10 are voluntary, but will assist OSHPD in contacting you if questions arise relating to your report		
3. Street Address 1		
4. Street Address 2		
5. City:	6. State:	7. ZIP Code:
8. Phone 1: ☐☐☐-☐☐☐-☐☐☐☐	9. Phone 2: ☐☐☐-☐☐☐-☐☐☐☐	
10. E-mail Address:		

SECTION B – REPORTING PERIOD

Line No.	Report Year
11	☐☐☐☐

SECTION C – SERVICES PROVIDED

Line No.		Yes	No
12	Did you, or a student midwife supervised by you, perform midwife services during the year when the intended place of birth at the onset of care was an out-of-hospital setting?		
	If "yes," continue with completion of the report. **If "no," go to the last page, sign and date the report and mail it to:** Office of Statewide Health Planning and Development Patient Data Section Licensed Midwife Annual Report		

LM#: _____

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SECTION D – CLIENT SERVICES

Line No.		Total #
13	Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting.	
14	Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting and who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	
15	Number of clients pending on the last day of this reporting year.	
16	Number of clients you served who received collaborative care.	
17	Number of clients you served while you were under the supervision of a licensed physician and surgeon.	

SECTION E - OUTCOMES PER COUNTY

Line No.	(A) County (see instructions for county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise
18a			
18b			
18c			
18d			
18e			
18f			
18g			

SECTION F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		(A) Total #	(B) # of Sets
19	Number of planned out-of-hospital births **at the onset of labor**		
20	Number of completed births in an out-of-hospital setting		
21	Twins		
22	Multiples (Other than twin births)		

LM#: _____

23	Breech		
24	VBAC		

SECTION G – ANTEPARTUM TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions *unrelated* to pregnancy	
26	G2	Hypertension developed in pregnancy	
27	G3	Blood coagulation disorders, including phlebitis	
28	G4	Anemia	
29	G5	Persistent vomiting with dehydration	
30	G6	Nutritional & weight loss issues, failure to gain weight	
31	G7	Gestational diabetes	
32	G8	Vaginal bleeding	
33	G9	Suspected or known placental anomalies or implantation abnormalities	
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	
35	G11	HIV test positive	
36	G12	Intrauterine growth restriction, fetal anomalies	
37	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
38	G14	Fetal heart irregularities	
39	G15	Non vertex lie at term	
40	G16	Multiple gestation	
41	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	
42	G18	Client request	
43	G19	Other	

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #

LM#: _____

44	H1	Non pregnancy-related medical condition	
45	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
Reasons continue on next page			
46	H3	Isoimmunization, severe anemia, or other blood related issues	
47	H4	Significant infection	
48	H5	Significant vaginal bleeding	
49	H6	Preterm labor or preterm rupture of membranes	
50	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	
51	H8	Fetal demise	
52	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	
53	H10	Other	

SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
54	I1	Persistent hypertension; severe or persistent headache	
55	I2	Active herpes lesion	
56	I3	Abnormal bleeding	
57	I4	Signs of infection	
58	I5	Prolonged rupture of membranes	
59	I6	Lack of progress; maternal exhaustion; dehydration	
60	I7	Thick meconium in the absence of fetal distress	
61	I8	Non-vertex presentation	
62	I9	Unstable lie or mal-position of the vertex	
63	I10	Multiple gestation	
64	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	

65	I12	Client request; request for medical methods of pain relief	
66	I13	Other	

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
67	J1	Preeclampsia, eclampsia, seizures	
68	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	
69	J3	Uterine rupture	
70	J4	Maternal shock, loss of consciousness	
71	J5	Prolapsed umbilical cord	
72	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	
73	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	
74	J8	Other life threatening conditions or symptoms	

SECTION K – POSTPARTUM TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
75	K1	Adherent or retained placenta without significant bleeding	
76	K2	Repair of laceration beyond level of midwife's expertise	
77	K3	Postpartum depression	
78	K4	Social, emotional or physical conditions outside of scope of practice	

LM#: _____

79	K5	Excessive or prolonged bleeding in later postpartum period	
80	K6	Signs of infection	
81	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	
82	K8	Client request	
83	K9	Other	

SECTION L – POSTPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
84	L1	Abnormal or unstable vital signs	
85	L2	Uterine inversion, rupture or prolapse	
86	L3	Uncontrolled hemorrhage	
87	L4	Seizures or unconsciousness, shock	
88	L5	Adherent or retained placenta with significant bleeding	
89	L6	Postpartum psychosis	
90	L7	Signs of significant infection	
91	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	
92	L9	Other	

SECTION M – INFANT TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
93	M1	Low birth weight	
94	M2	Congenital anomalies, birth injury	
95	M3	Poor transition to extrauterine life	
96	M4	Insufficient passage of urine or meconium	
97	M5	Parental request	
98	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	

99	M7	Other	

SECTION N – INFANT TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
100	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
101	N2	Signs or symptoms of infection	
102	N3	Abnormal cry, seizures or loss of consciousness	
		Reasons continue on next page	
103	N4	Significant jaundice at birth or within 30 hours	
104	N5	Evidence of clinically significant prematurity	
105	N6	Congenital anomalies, birth injury, other medical conditions of an emergent nature	
106	N7	Significant dehydration or depression of fontanelles	
107	N8	Significant cardiac or respiratory issues	
108	N9	Ten minute APGAR of less than seven (7)	
109	N10	Abnormal bulging of fontanelles	
110	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	
111	N12	Other	

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Line No.	Reason	(A) Total # of Vaginal Births		(B) Total # of Caesarian Deliveries	
MOTHER		Code		Code	
112	Without complication	O1		O8	
113	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2		O9	
114	With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks	O3		O10	
115	Death of mother	O4		O11	
116	Unknown	O5		O12	

LM#: _____

117	Information not obtainable	O6		O13	
118	Other	O7		O14	
INFANT/FETUS					
119	Healthy live born infant	O15		O24	
120	With serious pregnancy/birth related medical complications resolved by 6 weeks	O16		O25	
121	With serious pregnancy/birth related medical complications not resolved by 6 weeks	O17		O26	
122	Fetal demise diagnosed prior to labor	O18		O27	
123	Fetal demise diagnosed during labor or at delivery	O19		O28	
Outcomes continue on next page					
124	Live born infant who subsequently died	O20		O29	
125	Unknown	O21		O30	
126	Information not obtainable	O22		O31	
127	Other	O23		O32	

SECTION P – COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY WITHIN SIX (6) WEEKS

Line No.	Complication	Total # (A)		Out-of-Hospital (B)		After Transfer (C)	
MOTHER		Code		Code		Code	
128	Blood loss	P1		P8		P15	
129	Sepsis	P2		P9		P16	
130	Eclampsia/toxemia or HELLP syndrome	P3		P10		P17	
131	Embolism (pulmonary or amniotic fluid)	P4		P11		P18	
132	Unknown	P5		P12		P19	
133	Information not obtainable	P6		P13		P20	
134	Other	P7		P14		P21	
INFANT/FETUS							
135	Anomaly incompatible with life	P22		P30		P38	
136	Infection	P23		P31		P39	
137	Meconium aspiration, other respiratory	P24		P32		P40	

LM#: _____

	issues						
138	Neurological issues/seizures	P25		P33		P41	
139	Other medical issue	P26		P34		P42	
140	Unknown	P27		P35		P43	
141	Information not obtainable	P28		P36		P44	
142	Other	P29		P37		P45	

The information contain herein is accurate and complete to the best of my knowledge.

Signature:_____ Date:_____

Printed Name: _____

LM#: _____

Let us know: Your feedback is requested (Optional)

Throughout this report there are categories for "unknown," "information not obtainable," and "other." If you use these options, we encourage you to explain the reasons on the optional page that follows the reporting form. Remember, your identity will not be linked to this information. Rather, it will be used to highlight issues that may need the attention of the Midwifery Advisory Council and/or the Medical Board of California or to assist in further improvement of the form.

Section	Line	Category -Unknown -Information not obtainable -Other	Comments/Explanation